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Jeannie Camara
(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara
(Signature of Person Mailing Paper or Fee)

Application Number : 09/752,642 Confirmation Number: 1487

Applicant : Peter Lynton Flake et al.

Filed : December 29, 2000

TC/A.U. : 2121

Examiner : Hartman Jr., Ronald D.

Docket Number : SNPS-0198

Customer No. : 36,503

M/S: AF

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **September 22, 2004** and the Advisory Action of **February 23, 2005**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

CERTIFICATE OF MAILING

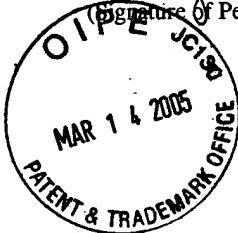
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PATENT APPLICATION
Attorney Docket No. SNPS-0198

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF

Peter Lynton Flake et al.

Serial No. 09/752,642

Filing Date: December 29, 2000

Title: MIXED LANGUAGE SIMULATOR

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)
) Examiner: Hartman Jr., Ronald D.
)
) Group Art Unit: 2121
)
)
)
)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [x] Response under 37 C.F.R. § 1.111 to official action mailed September 22, 2004.
- [x] A petition for extension of time is also enclosed with a fee of \$120.00 for a one-month extension for a small entity.
- [] Terminal disclaimer under 37 C.F.R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- [] Information disclosure statement, form 1449 and ___ references.
- [x] No additional claims fees are required.

An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- A check in the amount of \$____ is enclosed.
 Charge \$____ to Deposit Account No. ____ (Docket No. ____).
 Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SNPS-0198).

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Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: March 9, 2004